

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7010 0290 0000 7131 0869

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

MAILED
Postmark
Here

1/23/13

2nd mailing
 New Address:
 1153 Columbia Park Trl
 Richland 99352

Sent To	
TAPANI UNDERGROUND	
Street, Apt. No., or PO Box No.	G4-33031 & G4-33032
City, State, ZIP+4	
2nd mailing - New Address	
PS Form 3800, August 2006 See Reverse for Instructions	

ORIGINAL in
 64-33031

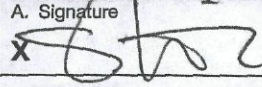
SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TAPANI UNDERGROUND
 1153 COLUMBIA PARK TRL
 RICHLAND WA 99352
 WR/ss App Rej G4-33031 & G4-33032 1/23/13

COMPLETE THIS SECTION ON DELIVERY

A. Signature 		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) Shandra Helman	C. Date of Delivery 1/24/13	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
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2. Article Number
 (Transfer from service label)

7010 0290 0000 7131 0869

1/8/13

Contacted Tyler Tapani.

Explained.

MC

7010 0290 0000 7131 1613

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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

mailed
 Postmark
 Here
 1/8/13

Sent To <i>Tapani Underground</i>	
Street, Apt. No., or PO Box No. <i>G4-33031 + G4-33032</i>	
City, State, ZIP+4	

PS Form 3800, August 2006 See Reverse for Instructions

Original is in G4-33031

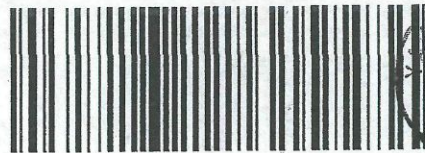
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>X</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>TAPANI UNDERGROUND (PMB 304) 8524 W GAUGE BLVD, BLDG A, STE 1 KENNEWICK WA 99336-8241 WR/ss App Rej G4-33031 and G4-33032 1/4/13</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes Enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7010 0290 0000 7131 1613</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



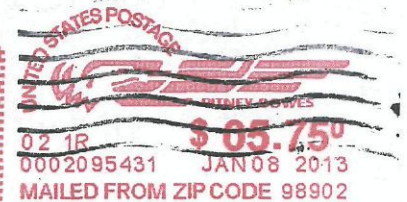
State of Washington
DEPARTMENT OF ECOLOGY
15 W Yakima Ave, Ste 200
Yakima, WA 98902-3452

CERTIFIED MAIL™



7010 0290 0000 7131 1613

PM
09 JAN
2013



ANK

TAPANI UNDERGROUND
(PMB 304) 8524 W GAUGE BLVD, BLDG A, STE 1
KENNEWICK WA 99336-8241

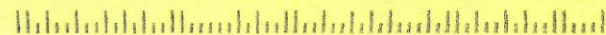
783-8993
1153 Columbia Park Trl
Richland
99352

NIXIE 992 DE 1 00 01/11/13

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 98902345299 *1689-04849-08-39

98902@3452





STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

15 W Yakima Ave, Ste 200 • Yakima, WA 98902-3452 • (509) 575-2490

January 8, 2013

Tapani Underground
(PMB 304) 8524 W Gauge Blvd, Bldg A, Ste 1
Kennewick WA 99336-8241

Re: Water Right Application Nos. G4-33031 and G4-33032

Thank you for applying for a temporary water right. The period of use requested has passed for the following Application Nos.:

Application No.	Period of Use
G4-33031	October 15, 2011 through June 15, 2012
G4-33032	October 15, 2011 through June 15, 2012

The Department of Ecology was unable to timely process your applications. I encourage you to continue to file applications for your temporary water needs.

The above listed time periods for Application Nos. G4-33031 and G4-33032 have passed. At this time your applications are **rejected**, but only because we were unable to process your application during the relevant timeframe.

YOUR RIGHT TO APPEAL

You have a right to appeal this decision to the Pollution Control Hearing Board (PCHB) within 30 days of the date of receipt of this decision. The appeal process is governed by Chapter 43.21B RCW and Chapter 371-08 WAC. "Date of receipt" is defined in RCW 43.21B.001(2).

To appeal you must do the following within 30 days of the date of receipt of this decision:

- File your appeal and a copy of this decision with the PCHB (see addresses below). Filing means actual receipt by the PCHB during regular business hours.
- Serve a copy of your appeal and this decision on Ecology in paper form - by mail or in person. (See addresses below.) E-mail is not accepted.

You must also comply with other applicable requirements in Chapter 43.21B RCW and Chapter 371-08 WAC.

FILE COPY

ADDRESS AND LOCATION INFORMATION

Street Addresses	Mailing Addresses
Department of Ecology Attn: Appeals Processing Desk 300 Desmond Drive SE Lacey WA 98503	Department of Ecology Attn: Appeals Processing Desk PO Box 47608 Olympia WA 98504-7608
Pollution Control Hearings Board 4224 – 6 th Avenue SE 1111 Israel Road SW Ste 301 Tumwater WA 98501	Pollution Control Hearings Board PO Box 40903 Olympia WA 98504-0903

For additional information visit the Environmental Hearings Office Website: <http://www.eho.wa.gov>
To find laws and agency rules visit the Washington State Legislature Website: <http://www.leg.wa.gov/CodeReviser>

If you have any questions, please contact Teresa Mitchell at 509-575-2597.

Sincerely,



Mark Kemner, LHG, Section Manager
Water Resources Program/CRO

MK:EH:ss
130103

Enclosure: *Your Right to Be Heard*

By certified mail: 7010 0290 0000 7131 1613

cc: Tyler Tapani, Project Manager, Tapani Underground

FILE COPY



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

15 West Yakima Avenue, Suite 200 • Yakima, Washington 98902-3452 • (509) 575-2490

August 23, 2011

Tyler Tapani, Project Manager
Tapani Underground
303 Filmore Street
Kennewick WA 99336-2028

Re: Water Right Application Nos. G4-33031 and G4-33032

We have received your water right applications and have assigned them the numbers shown above. Please use these numbers in future communications with our office.

Please note that construction of your water system and water use should begin only after you have received written authorization from Ecology.

If you have any questions, please contact Teresa Mitchell at 509-575-2597.

Sincerely,

Robert F. Barwin
Acting Section Manager
Water Resources Program

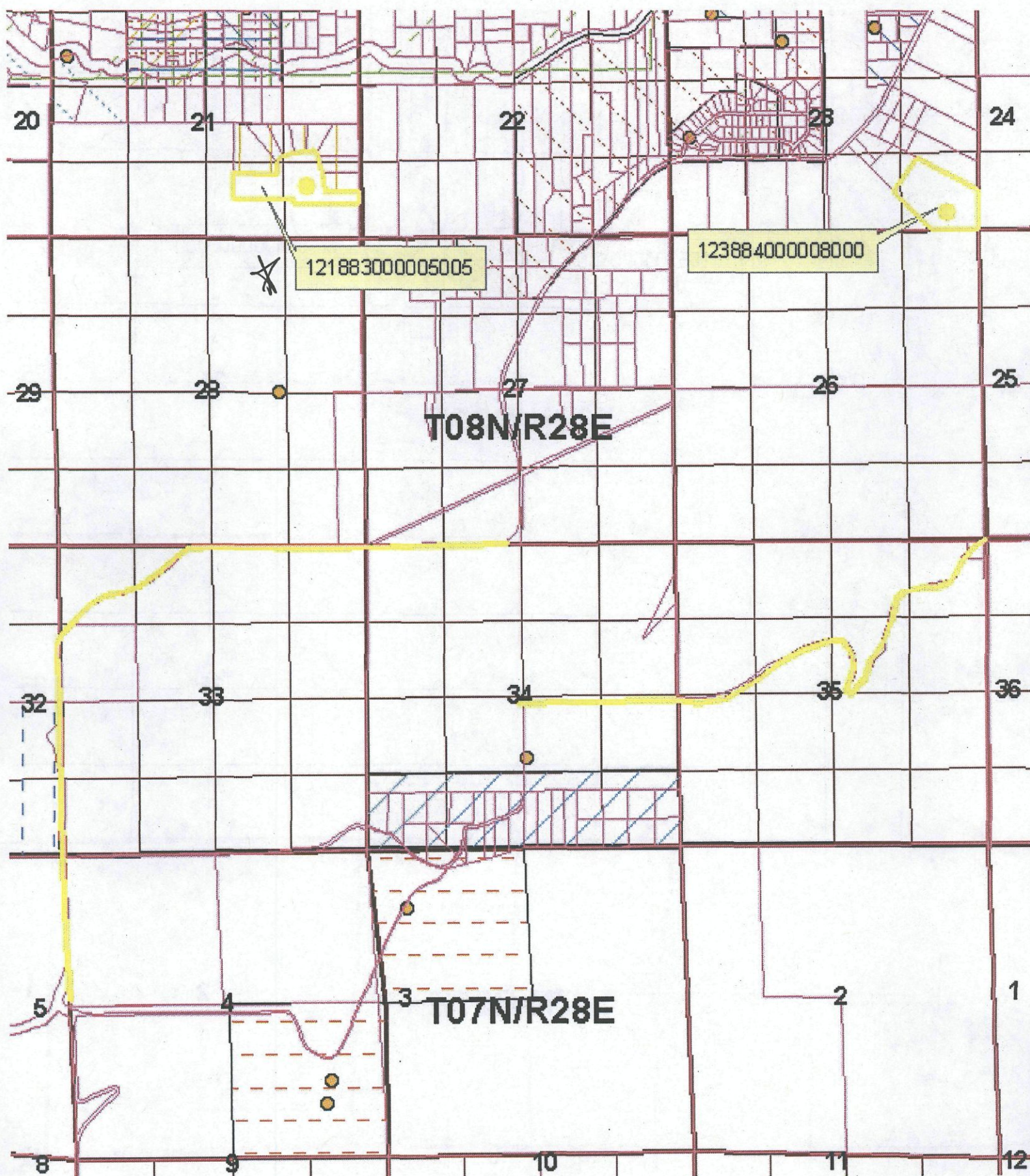
RFB:hd
110814

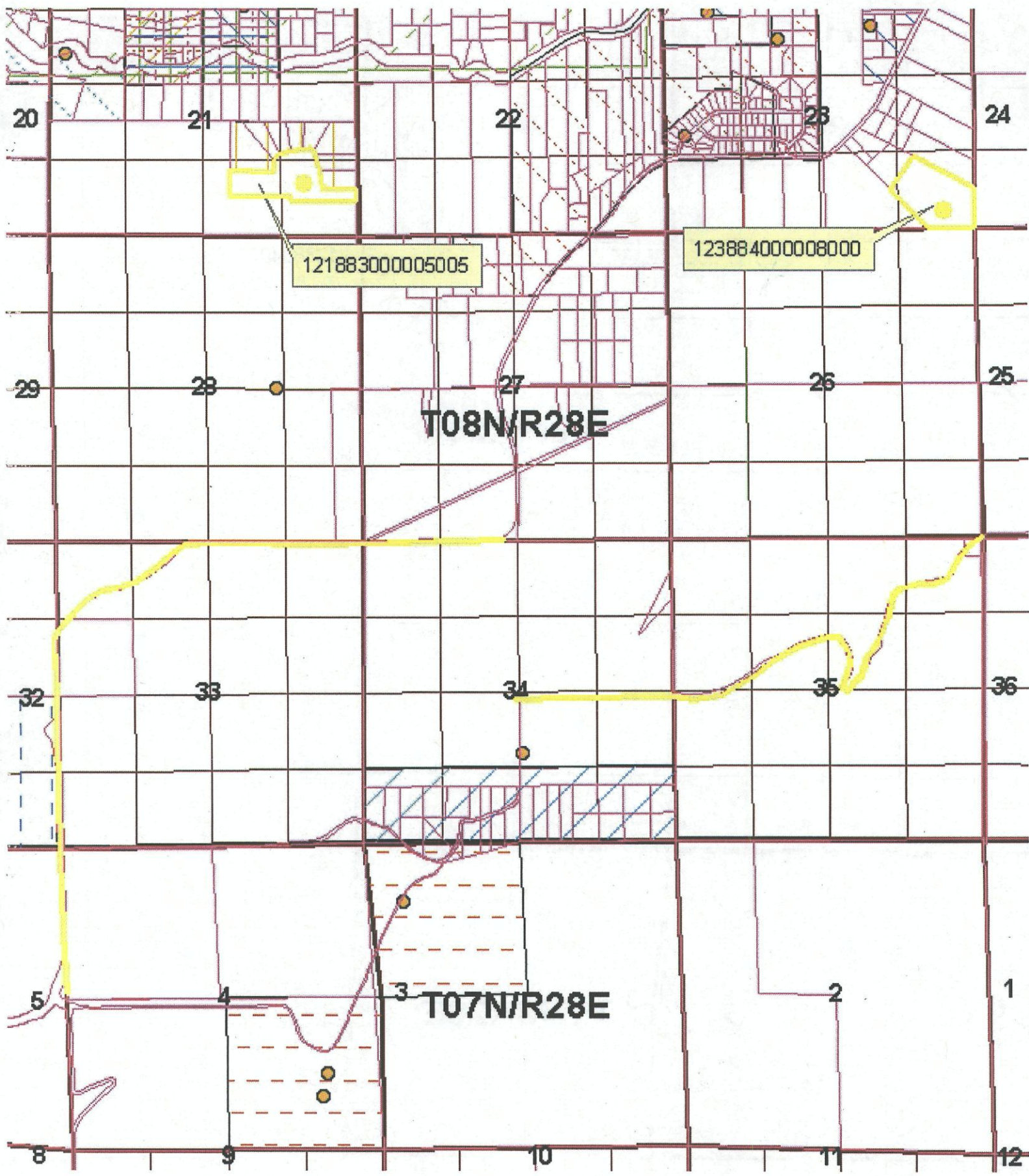
App-expedited.doc



FILE COPY

Parcel_ID	owner1	mailaddr	mailcity	mailstat	mailzip
121883000005005	HORSE HEAVEN HILLS PROPERTIES LA	47209 S CLODFELTER RD	KENNEWICK	WA	99338-7345
123884000008000	HORSE HEAVEN HILLS PROPERTIES LA	47209 S CLODFELTER RD	KENNEWICK	WA	99338-7345





RECEIPT

Department of Ecology (4610)
PO Box 47611
Olympia, WA 98504-7611
(360) 407-7095

Receipt Number
 Manual Receipt

12CJ001662

Document Number **461R0143 CJ** Date **08/09/2011** FM 02

Remitter Name **TAPANI UNDERGROUND INC** Receipt Name

Check/Draw Number **5792**

Document Amount **50.00**

Method of Payment **Check**

Comment Description **WATER RIGHTS - CRO**

REF NR	DOC NR	REF DOC SFX	INV NR	ID NR	SUB ID NR	T C R FUND	MAJ GRP	MAG SRC	SUB SRC	CNTY	WORK CLS	PIC	AI	ORG	PRJ	SUB PRJ	PRJ PHS	SUB OBJ	SUB SUB OBJ	VAR GL	SUB DR	SID CR	SUB SID	ALLOC AMT
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001 001 02 85 000011

50.00

ADDITIONAL FEES?**NO**

TAPANI
New 10.8 gpm

Total Fee Required \$ **50**

\$50**Enin G 8/10/11**

~~Additional Fee Amt. \$ **0**~~

~~(CIRCLE LETTER TO BE MAILED)~~

~~App-nofee (return appl) _____~~

~~App-addfee (process appl) _____~~

~~App-\$10fee-addfee (ret. appl) _____~~

~~Extension-addfee _____~~

~~Assignment-addfee _____~~

~~Make file copy of letter & the request
 for Expando folder _____~~

RECEIVED**AUG 10 2011**

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE